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## BIB DATA SHEET

CONFIRMATION NO. 7104

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/742,268	12/20/2000 RULE	705	3687	P00,1908	
<b>APPLICANTS</b> Klaus Abraham-Fuchs, Erlangen, GERMANY; Kai-Uwe Schmidt, Erlangen, GERMANY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 19961526.8 12/20/1999 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/01/2001					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VANEL FRENEL/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance V.F. Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> SCHIFF HARDIN, LLP PATENT DEPARTMENT 233 S. Wacker Drive-Suite 6600 CHICAGO, IL 60606-6473 UNITED STATES					
<b>TITLE</b> Method and system for allowing a neurologically diseased patient to self-monitor the patient's actual state					
<b>FILING FEE RECEIVED</b> 1222	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		